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## \*BIBDATASHEET\*

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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/501,876	<b>FILING OR 371(c) DATE</b> 02/10/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 163.1173US11
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/257,086 02/24/1999 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/24/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>GY</i>					

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## TITLE

Color stable hypochlorous sanitizer and methods

<b>FILING FEE RECEIVED</b> 2188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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